

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
DIVISION OF CONSUMER PROTECTION  
OFFICE OF PRODUCT AND INDUSTRY STANDARDS  
P.O. Box 1163 - Richmond, Virginia 23218

APPLICATION FOR COMMISSION MERCHANTS LICENSE

TO THE COMMISSIONER OF AGRICULTURE AND CONSUMER SERVICES

Expires: June 30, Next

Application is hereby made by the undersigned for a license to do a commission merchant's business in farm produce as defined by *Section 3.1 – 692* of the *Code of Virginia*, 1950, as amended. There is herewith tendered in the sum of \$10.00, the license fee prescribed by law, in the form of a check payable to the *Treasurer of Virginia*.

Character of Products to be Handled \_\_\_\_\_

BUSINESS ORGANIZATION

INDIVIDUAL OR PARTNERSHIP

\_\_\_\_\_  
Firm or Trade Name

\_\_\_\_\_  
Address of Record

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physical Address of Business

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name and complete mailing address of partner(s) or individual

\_\_\_\_\_  
Name and complete mailing address of partner(s) or individual

\_\_\_\_\_  
Name and complete mailing address of partner(s) or individual

CORPORATION

\_\_\_\_\_  
Firm or Trade Name

\_\_\_\_\_  
Address of Record

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physical Address of Business

\_\_\_\_\_  
Telephone Number

Domestic or Foreign  
Corporation \_\_\_\_\_

Capital Stock Authorized  
\$ \_\_\_\_\_

Capital Stock Fully Paid  
\$ \_\_\_\_\_

Officers Names and Addresses:

President	PO Box or Street Address	City or Town	State	Zip
Vice- President	PO Box or Street Address	City or Town	State	Zip
Secretary/Treasurer	PO Box or Street Address	City or Town	State	Zip

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Full name and first-class mailing address of a person or persons who are authorized to receive service of process on behalf of the organization:

Full Name	PO Box or Street Address	City or Town	State	Zip
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Full Name	PO Box or Street Address	City or Town	State	Zip
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YOU MUST PROVIDE THE FOLLOWING INFORMATION:

Schedule of Maximum Commissions and Charges for Service in connection with produce handled on account or as Agent of the consignor. Optional: *Attach printed commission sheet.*


IT IS HEREBY AGREED that the commissions and charges herein named will not be changed or varied during the term of said license, except by and through a written contract or agreement between the said commission merchant and the consignor of said farm products.

Given under \_\_\_\_\_ hand(s) and seal(s) this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

STATE OF VIRGINIA  
COUNTY OR CITY OF \_\_\_\_\_ to wit:

This day, personally appeared before me in my county or city aforesaid, \_\_\_\_\_ and \_\_\_\_\_ the duly authorized representatives or officers, of the person, firm or corporation of the above named applicant, and made oath in due form of law, that the matters and statements herein contained are true to the best of their knowledge and belief and that he or they are duly authorized to execute the foregoing instrument.

Given under my hand this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires